

**Prepared Statement**  
**of**  
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**Before the**  
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## **INTRODUCTION**

Mr. Chairman and members of this distinguished Subcommittee, thank you for the opportunity to be here today.

The Department of Defense concurs fully with you that sexual assault has no place in our Armed Forces. Sexual assault is a crime. It inflicts incalculable harm on victims and their families; it tears at the very fabric of civilian and military communities; and it destroys trust among individuals and faith in our institutions.

Today I will discuss the significant changes the Department of Defense has taken to prevent sexual assault—our first priority—and to respond more effectively to sexual crimes when they occur. This collaboratively developed program reflects the commitment of both civilian and military leaders to confront a major issue that cuts across American society. We are vigorously implementing each element of this program, and our standard is clear. As Secretary of Defense Donald Rumsfeld stated, “The Department does not tolerate sexual assault of any kind.”

## **CARE FOR VICTIMS OF SEXUAL ASSAULT TASK FORCE**

Concerned about reports of sexual assault in Iraq and Kuwait, in February 2004, Secretary Rumsfeld commissioned a special task force to examine the problem. He directed the task force “to review how the Department handles treatment of and care for victims of sexual assault.” Of particular concern was how commands responded to these crimes in combat theaters.

Under the direction of Ms. Ellen Embrey, Deputy Assistant Secretary of Defense for Force Health, Protection, and Readiness, the Care for Victims of Sexual Assault Task Force closely examined Department procedures and programs. Ms. Embrey’s team

conducted 21 site visits and several dozen focus groups, and consulted with subject matter experts both within and outside the Federal government.

The Task Force concluded that the Department lacked a comprehensive approach that applied to all four Military Services. The lack of standard definitions and consistent programs within DoD hampered efforts to confront sexual assault. In its April 2004 report, the Task Force reported 35 findings and offered nine recommendations.

One recommendation called for the establishment of a single point of accountability for sexual assault policy within the Department. The Department's leadership concurred and authorized the Joint Task Force for Sexual Assault Prevention and Response.

## **JOINT TASK FORCE**

The Department convened a conference in September 2004 to provide the Joint Task Force (JTF) a plan of action and to resolve important policy issues such as the disposition of reported sexual assaults and increasing the privacy of victims. Subject matter experts, both government and civilian, collaborated with DoD and Military Service representatives to develop effective and actionable policy recommendations.

Concurrently, Congress mandated in the National Defense Authorization Act for Fiscal Year 2005 that the Department promulgate a comprehensive sexual assault policy by January 2005. Provisions included prevention measures, medical treatment, commander oversight, and victim advocacy and intervention, issues on which the September conference had also focused.

The Department met that deadline thanks to the collaborative efforts of the JTF, the Military Departments, experts and advocates. To expedite the approval process

and place in effect the emerging program, DoD issued a series of Directive-type Memoranda (DTM) that each addressed a specific facet of sexual assault policy. The Department publicly announced the first 11 DTMs on January 4, 2005. DoD eventually approved 14 DTMs, and the Department has completed the process of integrating them, and other provisions, into two permanent policy documents: a Department of Defense Directive and its implementing Instruction.

DoD released the permanent Directive, which covers overarching sexual assault prevention and response policy, less than one year after establishing the JTF. In point of comparison, the approval process for directives from established DoD offices normally require at least 12 months. Dr. Chu approved the Instruction last week, and we have already distributed it to the field and posted it on the web.

## **POLICY**

The Department endeavored to craft a policy that can be consistently applied throughout all four Military Services, to include the Service Academies, while retaining the flexibility to address the diverse environments in which each Service operates. DoD's program significantly enhances education and training to help prevent sexual assaults; significantly improves treatment and support of victims to speed their recovery; and significantly enhances accountability to ensure system effectiveness.

The program's cornerstone is training and education. The Department is conducting education programs to align personal moral values with the institutional values of the Armed Forces. The Department is ensuring that its first responders—health care providers, victims advocates, law enforcement personnel, chaplains, and others—are properly trained in their duties, and that installations have agreements in place with

civilian institutions to provide services that would otherwise be unavailable. The end result will be a climate of confidence that prompts victims to seek treatment and to report sexual assaults, and one that ensures service members will not tolerate behaviors conducive to sexual misconduct of any kind.

Surveys both within and external to the military documented widely divergent opinions on what constitutes sexual assault and how it differs from sexual harassment. Service definitions differed from one another and were couched in legal terms that made them inaccessible to many service members. Accordingly, the Department crafted a definition of sexual assault common to all of DoD that the average service member could understand. Advocacy groups provided particularly valuable assistance in this effort.

The resulting training definition clearly states the Department's view that sexual assault is a crime. It is not a misjudgment, an error, or a case of one drink too many. Sexual assault is a crime that the Department cannot and does not tolerate. The definition enumerates the actions that constitute sexual assault and emphasizes that "consent shall not be deemed or construed to mean the failure by the victim to offer physical resistance. Consent is not given when a person uses force, threat of force, coercion or when the victim is asleep, incapacitated, or unconscious."

This definition should eliminate any ambiguities that individual service members might have about sexual assault. They will be taught this definition repeatedly throughout their military service, beginning with initial entry training. This is particularly important due to the confusion among the nation's youth as to what constitutes sexual assault.

A survey of Midwest teens showed that 44 percent believed a sexual assault had not occurred if a couple had prior consensual sex and the man subsequently forced the women to have intercourse. Forty-eight percent also agreed that sexual assault had not occurred if a woman initially agreed to have sex, changed her mind, and the man then forced her to have intercourse. These views are not just inconsistent with DoD values, we are committed to changing those views. Hence, the critical importance of training.

## **TRAINING**

The Department worked closely with the Military Services and subject matter experts to develop baseline training that is consistent among the Services for all military personnel. This instruction is a component of initial entry training for new officers and enlisted. It is mandatory for all cadets and midshipmen at the three military service academies. And it continues throughout a career at the unit level and in all professional military education programs—even at the war colleges. This training also addresses each service member's role, from the most junior enlistees to senior commanders, in preventing and responding to sexual assault. The Military Services have developed training modules, films and other products to facilitate unit instruction and, in 2005, more than one million cadets, midshipmen, and active duty members received sexual assault awareness training.

In addition, DoD and the Military Services have initiated rigorous training for first responder groups – designated personnel to help sexual assault victims. These individuals include sexual assault response coordinators (SARC), healthcare providers, victim advocates (VA), law enforcement and criminal investigators, judge advocate general officers and chaplains. Training topics include sensitivity to victims; timeliness

of care; collection of forensic evidence; victim advocate assistance; reporting guidelines and procedures; and availability of mental health and other support resources. The Joint Task Force conducted six national training conferences for responders in 2005, preparing more than 1,500 SARCs, chaplain, investigators, and judge advocates. That same year the Army and Marine Corps trained more than 2,500 deployable uniformed victim advocates, the Air Force prepared almost 400 SARCs to support active and reserve component units, and the Navy trained or recertified over 7,500 victim advocates.

The Military Services have also been conducting pre-deployment training so service members will know what sexual assault services are available to them when their units deploy overseas to Southwest Asia, the Balkans, and other regions. This training includes information about the environment they are entering, with a special emphasis on the customs, mores and religious practices of those countries. In addition, the Service will assess whether there is a response capability already in place in the deployment locations or whether a more robust sexual assault response capability must deploy with a unit.

In addition, sexual assault training has been incorporated into all pre-command training. Commanders at all levels are critical to the success of the sexual assault prevention and response program. They establish the command climate, they are responsible for maintaining discipline and good order, and they implement many important provisions of sexual assault policy. By gaining a fuller appreciation of sexual assault policy and the impact of sexual assault on individuals and unit readiness, commanders will be better able to create and maintain an environment that prevents sexual assaults.



The Department also developed a *Commander's Checklist for Responding to Allegations of Sexual Assault*. The checklist assists commanders in navigating the myriad of competing requirements associated with responding to sexual assault, an event that they may only encounter once or twice during their command tenure. It coaches commanders on how to ensure the appropriate balance between a victim's right to feel secure and the accused's rights to due process under the law. In addition, this checklist provides guidance on military protective orders, no contact orders, and related actions. The recently approved DoD Instruction includes an updated checklist.

## **SEXUAL ASSAULT RESPONSE COORDINATORS**

DoD has established standards to ensure that victims, regardless of their duty station, will receive thorough, competent response services that fully address their needs. Consistent with each victim's unique needs and privacy concerns, response teams will work together to ensure the victim receives the best care possible and to resolve speedily the sexual assault case.

Synchronizing this effort is the sexual assault response coordinator. SARCs, together with their team of victim advocates, provide victims with responders whose duties are to ensure that victims receive timely and appropriate services. Some of the Military Services had advocates prior to 2005, but the Directive-Type Memorandum entitled *Response Capability for Sexual Assault* standardized the positions and responsibilities of the SARC and VA throughout DoD. This ensures that SARCs and VAs trained at one installation can readily assume their duties at another installation, including locations overseas.

The Military Services responded promptly to this DoD mandate. In less than six months, they had assigned SARCs and VAs to all major installations world-wide and ensured that all of those more than 2,000 responders received 40 hours of training.

SARCs serve as the center of gravity for each installation's sexual assault prevention and response program. They serve as the single point of contact to coordinate sexual assault victim care and to track the services provided to the victim from initial report of a sexual assault through disposition and resolution of the victim's health and well-being. These duties may include coordination with other facilities should the victim be reassigned to another installation.

SARCs also train victim advocates; serve as chairperson of the case management group that meets monthly; track the dispositions of all military sexual assault cases for their designated area of responsibility; and provide regular updates to the commander on the disposition status of a case. Moreover, SARCs assist commanders throughout the installation to fulfill annual sexual assault prevention and response training requirements. They also conduct liaison with civilian sexual assault response providers.

While the SARC primarily provides system advocacy, the victim advocate or VA provides 24/7 direct response to victims. VAs help victims to navigate our response network. They are not counselors, therapists, or investigators. VAs support victims and furnish accurate and comprehensive information on available options and resources so the victim can make informed decisions such as obtaining a military protective order or moving to another set of living quarters. They also help victims identify other needs and obtain appointments for them with counselors, healthcare providers and chaplains. In addition, the VA accompanies the victim, at the victim's request, during investigative

interviews and medical examinations. Advocate services normally continue until the victim no longer identifies the need for support.

These various measures and others that will be discussed below will create a climate of confidence for our service members. The importance of creating such an environment cannot be overemphasized. It is the key to ensuring that service members prevent sexual assault; that victims receive care and support and feel comfortable reporting sexual assaults; and that combat readiness is maximized through the fostering of trust and mutual respect amongst all personnel.

## **CLIMATE OF CONFIDENCE**

Several new provisions will help establish this climate of confidence. One important requirement is a mandatory monthly status report to victims who have sought an investigation. The Care for Victims Task Force noted the frustration and disappointment of many victims who reported sexual assaults but never received any information on the investigation or actions taken. This failure did not represent command efforts to keep victims in the dark or to cover up a crime. Rather, it reflected the lack of any policy guidance designating a particular agency or official to update the victim. Responders performed their duties but assumed that someone else would keep the victim informed when, in fact, no one had done so. To remedy this, commanders now have the responsibility to ensure that the victims receive, as a minimum, monthly updates on the status of their cases until final disposition. DoD policy defines final disposition as the conclusion of any judicial, non-judicial, and administrative action, including discharges, taken in response to the offense.

The Care for Victims Task Force also documented victim perceptions that sexual assaults received lower priority than other crimes. The Department has no room for perpetrators of sexual assault, and it is taking necessary action to make them accountable for their crimes. Therefore, only military criminal investigative organizations—the elite of each Military Department’s law enforcement capability—will investigate sexual assaults. The Joint Task Force conducted specialized training for criminal investigators in Autumn 2005 that focused on investigative procedures unique to sexual assault and how to be sensitive to the needs of victims of this crime.

DoD has also mandated that senior commanders be responsible for handling cases of sexual assault. Previously, junior commanders often handled these cases. While well-intentioned, these officers lacked the life experience to deal with the complexities of sexual assault incidents. To ensure these cases receive consistent and appropriate level of command attention and the full responses required by the sensitivities and complexities involved, the Military Services have designated a level of command, commensurate with the maturity and experience needed, to be the disposition authority for sexual assault cases.

Designated senior officers are also responsible for reviewing administrative discharges for victims of sexual assault to ensure all determinations are consistent and appropriate. Circumstances associated with a reported sexual assault incident may ultimately result in a determination that the administrative separation of the victim is in the best interests of either the Armed Forces or the victim, or both. If a victim is to be separated, regardless of the reason for initiating the separation action, each such victim

will receive a full and fair consideration of the victim's military service and particular situation.

DoD's collateral misconduct provision also contributes to an increased climate of confidence, and it addresses a significant barrier to reporting. In some cases, a victim may have violated a regulation or standing order at the time of the sexual assault (for example, underage drinking or being in an off-limits area). Rather than face punishment for the offense, some victims have opted not to report their sexual assault. Collateral misconduct provisions permit commanders to defer taking action on victim wrongdoing until final disposition of the sexual assault case. Exceptions can be made only if overriding, extenuating circumstances exist. This policy clearly signals the Department's view that sexual assault is a crime and ensures that victims do not receive punishment while perpetrators await action on their offenses.

## **CONFIDENTIALITY**

A far more significant barrier to reporting is the fear, embarrassment, shame, and sense of violation that prevent the majority of victims in civilian and military communities from reporting their sexual assault. Understandably these victims are not prepared for the intrusiveness of a criminal investigation. DoD's previous policy of mandatory reporting did not address this sad reality, and required healthcare providers and others to report all sexual assaults to law enforcement. This policy inadvertently resulted in some—perhaps many—military victims choosing to forego medical care, treatment, and counseling rather than participate in a criminal investigation.

The Department's new confidentiality policy takes direct aim at this barrier and represents a fundamental change in how DoD responds to victims of sexual assault. This

policy applies only to sexual assault victims who are service members and includes cadets and midshipmen. The Department will consider expanding this policy to include civilian victims as the sexual assault program matures.

First announced in March 2005, confidentiality went into effect after a 90-day period that permitted the Military Services to inform their personnel and prepare their sexual assault responders. Confidentiality establishes a disclosure option where military victims can receive medical treatment and support without triggering the investigative process. It rebalances the Department's focus from one that concentrated exclusively on offender accountability to one that also emphasizes victim access to services. This change represents a major cultural shift, and it will further enhance a climate of confidence.

Confidentiality provides victims additional time and personal space, together with increased control over the release and management of their personal information. This should empower them to seek relevant information and the support needed to make more informed decisions about participating in the criminal investigation.

The policy permits victims to choose between two reporting options: unrestricted reporting and restricted reporting. Unrestricted reporting meets the needs of service members who have been sexually assaulted and desire medical treatment, counseling and an official investigation of their allegations. Victims report the assault using current reporting channels such as the chain of command, law enforcement, and the SARC. Upon notification, the SARC appoints a victim advocate to assist the victim, and the victim will receive monthly updates and other support described earlier in my presentation. Commanders are also be notified. However, details regarding the incident

are being limited to only those personnel with a legitimate need to know. For example, a supervisor may learn that an assault occurred but not receive information detailing the crime.

Restricted reporting, in contrast, enables victims of sexual assault to receive medical treatment and support without triggering the investigative process. Service members who select this option may report the sexual assault only to SARCs, healthcare providers, or victim advocates. Consistent with existing policy, communications with chaplains and therapists continue to be privileged under the Military Rules of Evidence. Healthcare providers will provide appropriate care and treatment and also report the sexual assault to the SARC. Upon notification, the SARC appoints a victim advocate to assist the victim and to provide the victim accurate information on the process to include the process of restricted vice unrestricted reporting.

At the victim's discretion, the healthcare provider, if appropriately trained and supervised, conducts a forensic medical examination, which may include the collection of evidence. In the absence of a DoD provider, the treatment facility will refer the victim to a civilian agency for the forensic examination. The Department has established procedures for anonymously storing this evidence for up to one year in the event that the victim changes from a restricted to an unrestricted report and pursues a criminal investigation.

The SARC, the assigned victim advocate, and healthcare providers may not disclose their communications with the victim to law enforcement or command authorities. These communications include oral, written or electronic exchanges of personally identifiable information made by a victim to the SARC, assigned victim

advocate or to a healthcare provider related to the alleged sexual assault. Only a very few, narrowly defined exceptions to this policy, are allowed, such as the victim posing a clear and imminent danger to herself or himself, or others. Even then, only minimal information will be disclosed, and the report will remain restricted.

For purposes of public safety and command responsibility, the SARC will notify command officials within 24 hours of the sexual assault that an incident has occurred. But the SARC will not provide information that could reasonably lead to personal identification of the victim. Depending on the size and population characteristics of the installation, permissible information might include time, location, gender, rank, Military Service, and the nature of the sexual assault. Learning of an assault that previously would have gone unreported allows commanders to gain more accurate information about the safety of their installations and to take preventive action in the form of increased police patrols, greater command emphasis, and additional sexual assault training. Significantly, commanders may not initiate investigations based on the information SARCs provide.

Confidentiality has resulted in more victims of sexual assault coming forward and receiving the medical care and support they need. In the last six months of 2005 when the confidentiality policy was in effect, 435 victims chose restricted reporting. Significantly, restricted reporting accounted for 65 percent of the total increase in reporting from Calendar Year 2004 to Calendar Year 2005. More important, increased reporting resulted in more victims receiving dearly needed medical treatment and other services. Also noteworthy, 108 of these victims (nearly 25 percent) switched from restricted to unrestricted reports, in some cases after only a few weeks of care. By



participating in criminal investigations, these brave individuals furthered Department efforts to increase offender accountability.

Confidentiality and the other elements of the new sexual assault policy represent fundamental changes in how the Department addresses sexual assaults. Together, they constitute ground-breaking improvements that we believe will be the benchmark for the nation.

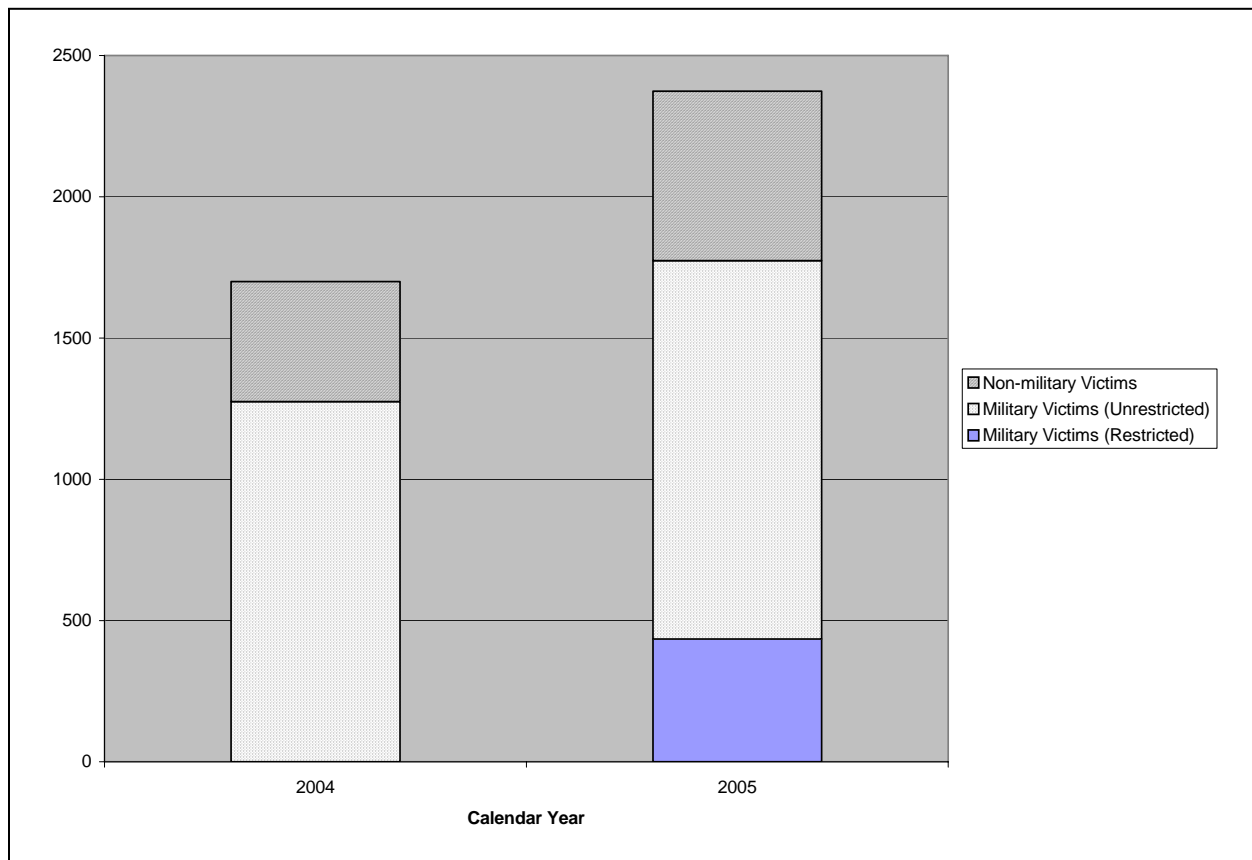
## **REPORTS TO CONGRESS**

The Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 requires the Department to submit an annual report to Congress on reported allegations of sexual assault. This report includes data on alleged sexual assaults in which a service member is the victim and/or perpetrator. DoD submitted its first report, which detailed allegations made in Calendar Year 2004, in May 2005. That report provides a reliable baseline for comparing sexual assault data from year to year. Data from previous years did not conform to a consistent standard or definitions and cannot be compared to the annual reports for 2004, 2005, and future years.

The annual report of allegations of sexual assault serves as an important metric for evaluating the Department's sexual assault prevention and response (SAPR) program. A comparison of data from the 2004 and 2005 reports shows that this policy is meeting expectations.

Since sexual assault is the most underreported violent crime in American society and the military, a key component of DoD's SAPR program is to reduce barriers to reporting. We believe that policy provisions to facilitate reporting, such as confidentiality and SAPR training programs, contributed greatly to the 40 percent

increase in allegations from 1,700 in 2004 to 2,374 in 2005. Increased reporting means more victims receiving help and more investigations that will enable commanders to punish offenders. Significantly, restricted reporting accounted for 65 percent of this increase, enabling 435 individuals to receive medical services. As noted previously, 108 victims—about 25 percent—switched from restricted to unrestricted reports and participated in criminal investigations.



I believe that the report for 2006 will show even greater progress in the fight against sexual assault. In addition, we will also have the results of the FY 2006 DoD survey of the Active Components on sexual assault and sexual harassment. The data from that confidential survey, together with information from the 2006 annual report, will

enable the Department to compare prevalence data with actual reporting rates and determine whether efforts to instill a climate of confidence are succeeding.

Another annual report that the Department submits to Congress shows that the sexual assault programs at the three Military Service Academies (MSAs) are also succeeding. The National Defense Authorization Act for FY 2004 requires DoD to submit a report on the MSAs regarding sexual assaults, changes to their sexual assault programs, and the results of a survey on sexual misconduct. The 2005 report indicates that sexual assault victims at the academies are more likely to report the crime than students attending civilian schools.

The voluntary survey was offered to all female cadets and midshipmen and to a representative sample of males, and 85 percent of the students participated. The responses indicated that 5 percent females were sexually assaulted during the Academic Program Year. MSA officials received 38 reports of sexual assault, resulting in an estimated reporting rate of 40 percent. The Department of Justice-sponsored study of civilian colleges, *Sexual Victimization of College Women* (2000), indicated that only 5 percent of victims report their sexual assault to law enforcement.

Cadet and midshipmen responses also showed that training has been effective. More than 90 percent of each MSA's students reported that they knew: the difference between sexual assault and sexual harassment; how to avoid sexual assault; and how to report incidents of sexual assault and sexual harassment. Cadets and midshipmen in almost similar numbers knew: how to obtain medical care; how to receive counseling; and where to obtain information about sexual assault and sexual harassment.

The Department completed collecting data in April for its 2006 survey of cadets and midshipmen, and the results will be released later this year. DoD expects the results to reflect the commitment of all concerned—leadership, staff and faculty, and the cadets and midshipmen—to eliminate sexual assault at the academies.

## **DEFENSE TASK FORCE ON SEXUAL HARASSMENT AND VIOLENCE AT THE MILITARY SERVICE ACADEMIES**

Congress directed the Department in the National Defense Authorization Act for FY 2004 to establish a task force to recommend ways to more effectively address sexual harassment and violence at the United States Military and Naval Academies. The 12-person Defense Task Force (DTF) conducted a comprehensive review that focused on service academy culture; victims' rights and support; offender accountability; data collection and case management tracking; training and education; prevention; and coordination between military and civilian communities.

The DTF based its 44 findings and 43 recommendations on site visits, interviews, consultations with subject matter experts, and an extensive review of academy and military department policies, records, and reports. In general, the Department conceptually concurred with most of the findings and recommendations, differing in some cases only in terms of degree or the particulars of recommended responsive actions. Also, several findings involved issues, such as recruiting, that do not fall within the purview of sexual assault and harassment prevention but can affect the success of these two programs.

The DTF did not consider many provisions of DoD's sexual assault policy, particularly confidentiality, because they were implemented after the task force had concluded its policy review. However, the DTF report largely validated core DoD

concepts. The report's key findings and recommendations identify issues addressed in the Department's sexual assault policy or targeted in Service-level sexual assault and harassment programs.

For example, the DTF emphasized the need for confidentiality, prevention, increased reporting avenues, deferring collateral misconduct determinations, specialized training for investigators and prosecutors, and increased coordination with civilian communities. In each case DoD had an existing policy in place and, just as important, the Military Departments had already taken action to ensure its implementation in the Service Academies, the active force, and the Reserve Components.

### **DEFENSE TASK FORCE ON SEXUAL ASSAULT IN THE MILITARY SERVICES**

Congress directed the Department in the Ronald W. Reagan National Defense Authorization Act for FY 2005 to extend the DTF, rename it the Defense Task Force on Sexual Assault in the Military Services (DTF-SAMS) and shift its focus to an examination of "matters relating to sexual assault cases in which members of the Armed Forces are either victims or commit acts of sexual assault." The legislation directed DTF-SAMS to assess and make recommendations on 11 specific issues as well as any that the task force identified. In his charge letter to DTF-SAMS, Secretary Rumsfeld asked that particular emphasis be placed on assessing the effectiveness of training and education components of the Department's SAPR program.

Like its predecessor, DTF-SAMS will consist of equal numbers of military and non-DoD members. Although approval of task force members is pending, staff members have already collected and reviewed information from the Office of the Secretary of Defense and the Military Departments. Staff are using methodologies similar to those

used in the previous assessment of the Military Service Academies. In addition, staff have attended training conferences that the Joint Task Force conducted in 2005 and also observed the SAPRO Sexual Assault Response Coordinator Conference that was held in St. Louis last week.

DTF-SAMS will formalize a campaign plan to assess key issues once it is empanelled. Its evaluation of DoD's comprehensive sexual assault policy and its implementation at the unit level will provide the Department and the Military Services valuable feedback on their programs. SAPRO will observe the site visit public meetings to enable rapid dissemination of key information to program offices and throughout the field and also to expedite necessary changes and additions to SAPR policy.

We look forward to the task force's report, which is due to the Secretary of Defense one year after the initiation of its examination, and highly value the opportunity to obtain a thorough and independent assessment of our program.

## **CONCLUSION**

The Department of Defense fully believes that adopting a vigorous sexual assault policy is the right thing to do. Moreover, we understand that only a comprehensive policy that targets the prevention of sexual assault; that significantly enhances support to victims; and that increases system accountability, can create a climate of confidence and a community that treats each of its members with dignity and respect.

We're off to a good start, but let me be clear – to prevail over sexual assault will take time. However, the Department's commitment to this issue is unwavering. We will continue our efforts to ensure that all our service members, including our most junior

enlisted personnel and our cadets and midshipmen, enjoy an environment free of sexual assault, harassment and other related acts.

To that end, the Department has transitioned the Joint Task Force into a permanent office that works under me. The Sexual Assault Prevention and Response Office, SAPRO, serves as the single point of accountability for sexual assault prevention and response policy. It continues to collaborate with the Military Departments to maintain the momentum we have created and to ensure that our sexual assault policy remains relevant and ever responsive to the needs of our men and women in uniform.

As we institutionalize and refine each facet of our prevention and response program, we will create a climate of confidence and trust where everyone is afforded respect and dignity. Not too many years from now, I am confident that the number of reports will drop because the number of sexual assaults has decreased while the percentage of victims who report keeps increasing. I ask your continued support so that vision will become reality sooner rather than later.

Mr. Chairman, in conclusion, I want to thank you and members of this Subcommittee for your advocacy on behalf of the men and women of the Department of Defense.